

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37896

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		<u>1941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BEESON</u> c. (Last) <u>SINCLAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 23 1889</u>		9. AGE (In years last birthday) <u>62</u>	of UNDER 1 YEAR <u>3</u> Months	of UNDER 2 WKS. <u>12</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>heating and construction</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>heating and construction</u>		11. BIRTHPLACE (State or foreign country) <u>Cleveland County Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Joseph Sinclair</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Beeson</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Sinclair</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-01-3199</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Margaret Sinclair Farmington, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive muscular atrophy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
18. CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7442</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 31, 1951</u> , to <u>Nov. 5, 1951</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>				23b. ADDRESS <u>Desoto, Mo</u>		23c. DATE SIGNED <u>11-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>		24d. LOCATION (City, town, or county) (State) <u>Near Farmington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-10-51</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. COZAN</u>		ADDRESS <u>FARMINGTON MO.</u>	

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-27-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Donald B. Deatrick

Licensed Embalmer No. 4104

P. O. Address Depts No.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.